PREPASENOTE: YOU MUST COMPLETE THE FOLLOWING:

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BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 ATTORNEY DOCKET NO. 2927-156P

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Insert Title:	Ink Tube for Ink Jet	Printer	****					
	the specification of which is attached hereto.	If not attached hereto,						
Fill in Appropriate	the specification was filed on	October 27,	, 2003	as				
Information - For Use Without Specification Attached:	United States Application Number	10/692.7		:				
	and amended on	(if applicable); and/or						
	the specification was filed on	as PCT						
	International Application Number	; and was						
	amended on	(if applicable)						
	I hereby state that I have reviewed and unby any amendment referred to above. I acknowledge the duty to disclose inform §1.56. I do not know and do not believe the sathereof, or patented or described in any print prior to this application, that the same was not application, that the invention has not been application in any country foreign to the Unit more than twelve months (six months for deson this invention has been filed in any countrepresentatives or assigns, except as follows I hereby claim foreign priority benefits or inventor's certificate listed below and have	mation which is material to me was ever known or use ed publication in any cour of in public use or on sale in patented or made the sub- ted States of America on ar- signs) prior to this applicat try foreign to the United Sta- under Title 35, United Sta- e also identified below any	patentability as defined in Titled in the United States of Artry before my or our invention the United States of Americal for a price of an inventor's certifical papelication for pate of Americal prior to the test Code, §119 (a)-(d) of any foreign application for pate	e 37, Code of Federal Regulations, nerica before my or our invention ion thereof or more than one year as more than one year prior to this ate issued before the date of this ny legal representatives or assigns for patent or inventor's certificate his application by me or my legal by foreign application(s) for patent				
	a filing date before that of the application on which priority is claimed:							
Insert Priority Information: (if appropriate)	Prior Foreign Application(s)			Priority Claimed				
		pan	10/28/02					
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
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	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
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	(i.tambol)	(Country)	(Wollin's Day's real rifled)	103 100				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
Insert Provisional Application(s): (if any)	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
	(Application Number)	-		(Filing Date)				
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed more than 12 months (6 months for designs) Prior to the Filing Date of this Application:							
Insert Requested Information: (if appropriate)	Country	Applio	cation Number	Date of Filing (Month / Day / Year)				
Insert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
Application(s):	(Application Number)	(Filing Date)	(Status - p	(Status - patented, pending, abandoned)				
	(Application Number)	(Filing Date)	(Status - r	atented, pending, abandoned)				

(Filing Date)

(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST

BIRCH, STEWART, KOLASCH & BIRCH, LLP or **CUSTOMER NO. 2292** P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:							
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	GIVEN NAME Hideyuki		INVENTOR'S SIGNATURE	Buyana	DATE*		
Insert Residence Insert Citizenship	Residence (City, Sta Нуодо, Ја	CM ZENSHIP Japan					
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country) 6-9, Wakinohama-cho 3-chome, Chuo-ku, Kobe-shi, Hyogo, Japan						
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, Sta	te & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country)			CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, Sta	te & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Residence (City, State & Country) CITIZENSHIP						
Page 2 of 2	MAILING ADDRESS (Complete Street Address including City, State & Country)						
(Revised 01/02)	* DATE OF SIGNATURE						